

## CLAIMS ONLY

**Application Number**

09/772919

Filing Date

**Applicant(s)**

02-05-07

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
4			/			
5				/		
6				/		
7			/			
8			/			
9				/		
10			/			
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42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
Total Indep			5			
Total Depend			7			
Total Claims			12			